

EXHIBIT A

CERTIFICATION OF VITAL RECORD

VIEW PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

STATE OF MARYLAND

Department of Health and Mental Hygiene
Division of Vital Records

1320170091830000

Certificate of Death

File Number

132017MD009121

1. Decedent's Name, AKA Name (if any) ALDONA T. LULIE		2. Date of Death 03/06/2017	3. Time of Death 1110
4a. Facility Name 902 WASHBURN AVENUE		4b. City, Town or Location of Death BALTIMORE	
5. Social Security Number [REDACTED]	6. Sex F	7. Age 66 YR	8. Date of Birth [REDACTED]
9. Birthplace GERMANY		10c. County of Death BALTIMORE CITY	
10a. Usual Residence of Decedent 10b. County MARYLAND		10c. City, Town or Location BALTIMORE CITY	
10d. Inside City Limits? YES		10f. Zip Code 21225	
10e. Address 902 WASHBURN AVENUE			
11. Marital Status MARRIED		12. Ever in U.S. Armed Forces? NO	
13. Hispanic Origin? NO		14. Race WHITE	
15. Decedent's Education ASSOCIATE		16a. Decedent's Usual Occupation NURSE	
16b. Business/Industry NURSING			
17. Father's Name ALIGIRDAS RIMCAVICIOUS		18. Mother's Name Prior to First Marriage BIRUTE BINDAUKAITE	
19. Surviving Spouse's Name JERALD F. LULIE, SR			
20a. Informant's Name JERALD F. LULIE, SR		20b. Informant's Relationship HUSBAND	20c. Informant's Mailing Address [REDACTED]
21a. Method of Disposition BURIAL		21b. Place of Disposition GLEN HAVEN MEMORIAL PARK	21c. Date of Disposition 03/10/2017
		21d. Location GLEN BURNIE, MD	
22a. Signature of Funeral Service Licensee RENO ALDRIDGE		22b. License No M01266	22c. Name and Address of Funeral Facility GONCE FUNERAL SERVICE, P.A. 4001 RITCHIE HIGHWAY, BALTIMORE, MD 21225
23a. Part I. Disease, injuries, or complications that directly caused the death BONE SARCOMA		Approximate Interval Between Onset and Death -	
Immediate Cause (final disease or condition resulting in death) a. Due to (or as a consequence of): COLON CANCER			
Conditions if any, leading to immediate cause b. Due to (or as a consequence of): BLADDER CANCER			
c. Due to (or as a consequence of): CHRONIC OBSTRUCTIVE PULMONARY DISEASE			
d.			
Part II. Other significant conditions contributing to death but not resulting in the underlying cause in Part I HYPERTENSIVE ARTERIOSCLEROTIC CORDIOVASCULAR DISEASE		23b. Did tobacco use contribute to the cause of death? PROBABLY	
24a. Was an autopsy performed? NO	24b. Were autopsy findings available prior to completion of cause of death? NO	25a. Was case referred to medical examiner? NO	25b. Medical Examiner Countersignature [REDACTED]
26. Place of Death HOME		27. Manner of Death NATURAL	
28c. How injury occurred		28d. Injury at work?	28e. Transportation Injury?
28f. Place of injury			
28g. Location of injury			
29a. Certifier Type CERTIFYING PHYSICIAN		29b. Signature and Title of Certifier CHRISTOPHER DEBORJA	
29c. License No D42820		29d. Date signed 03/07/2017	
30a. Name of person who completed cause of death CHRISTOPHER DEBORJA		30b. Address of person who completed cause of death 3708 MOUNTAIN ROAD, PASADENA, MD 21122	
For Office Use Only:			
31. Date Filed 03/09/2017	32. Registrar at Filing GENEVA G. SPARKS	33. Date Issued 03/20/2017	34. This is to certify that this is a true and correct copy of the official record on file in the office of the Maryland Division of Vital Records. Registrar's Signature <i>Geneva G. Sparks</i>

2863212

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL
OF VITAL RECORDS CLEARLY EMBOSSED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

